

Montana TY2006 E~File Test Packet

Montana Test 7

(revised 12/7/2006)

Form 2M (if 2M not supported submit on Form 2)

Form ENRG-C

Name: Brown, Rita 400-00-6837 (primary)

Dependents: Name SSN Relationship Disabled

Sonya Brown 400-00-6876 Dau no

Address: 1736 Stuart Street

Helena, MT 59601

Return Status: Tax Due

Filing Status: 3 (Head of household)

Residency Status: Resident Full Year

Exemptions: 1 Primary (yourself)

1 Dependent

2 Total

Deduction: Itemized deduction

Notes: May DOR discuss return with preparer should be "N"

Taxpayer phone number should be (406) 444-6957

Annualized estimated payments should be "X"

Federal extension box should be "X"

Tax Due amount is \$17121.00

return. 1736 Stuart Street Helena MT 5	Zip+4 59601 Head of Household	
Check the box above if this is an amended return. Home address (number and street) Filling Status (check only one box) A Resident full year (To be used only by full year Montana residents. Nonresidents and Part-Year residents are Exemptions The status (and the street) A Resident full year (To be used only by full year Montana residents. Nonresidents and Part-Year residents are Exemptions The status (and the status of the statu	Zip+4 59601 Head of Household e required to use Form 2).	
above if this is an amended return. 1736 Stuart Street Helena MT 5	Zip+4 59601 Head of Household e required to use Form 2).	
an amended return. 1736 Stuart Street Helena MT 5 Filing Status (check only one box) 1 Single 2 Married filing jointly 3 X He 4 X Resident full year (To be used only by full year Montana residents. Nonresidents and Part-Year residents are Exemptions 5a X Yourself	Head of Household required to use Form 2).	
return. 1736 Stuart Street	Head of Household required to use Form 2).	
4 X Resident full year (To be used only by full year Montana residents. Nonresidents and Part-Year residents are Exemptions 5a X Yourself	e required to use Form 2).	
4 X Resident full year (To be used only by full year Montana residents. Nonresidents and Part-Year residents are Exemptions 5a X Yourself	1 5a	
Exemptions 5a X Yourself	1 5a	
5a X Yourself		
Spouse 65 or older Blind Enter number checked Dependent's first name Last name SSN Relationship Disabled Sonya Brown 400-00-6876 DAU		
5c Dependent's first name Last name SSN Relationship Disabled Sonya Brown 400-00-6876 DAU	5.	U
Sonya Brown 400-00-6876 DAU		
5d If additional dependents, see instructions. Add lines 5a thru 5c and enter total exemptions here		
5d If additional dependents, see instructions. Add lines 5a thru 5c and enter total exemptions here	1 50	C
	2 50	b
Enter amounts corresponding to your federal return. Round to nearest dollar.	, , , , , , , , , , , , , , , , , , ,	k.
6 Wages, salaries, tips, etc. Attach federal Form(s) W-2	300000 6	
7a Taxable interest. Attach federal Schedule B or 1 if required	700 7a	a
b Tax-exempt interest. Do not include on line 7a	0.0	_
8a Ordinary dividends. Attach federal Schedule B or 1 if required	8a	3
b Qualified dividends. 8b 9 Capital gain or (loss). Attach federal Schedule D if required. Taxable amount. 11a Pensions and annuities. 11a. Taxable amount. 12 Unemployment compensation.	9	
10a IRA distributions	10	
11a Pensions and annuities	111	
12 Unemployment compensation	12	2
	3995 13	b
14 Add and enter amounts in the far right columns lines 6 thru 13b. This is your total	204605	
income	304695	4
15 Penalty on early withdrawal of savings		
16 IRA deduction		
17 Student loan interest deduction		
17 Student loan interest deduction	•	
18 Jury duty pay you gave your employer	•	
19 Add lines 15 through 18 and enter the result here. This is your total adjustments to	•	9
19 Add lines 15 through 18 and enter the result here. This is your total adjustments to income	2850 19	9
19 Add lines 15 through 18 and enter the result here. This is your total adjustments to income	, i	
19 Add lines 15 through 18 and enter the result here. This is your total adjustments to income. 20 Subtract line 19 from line 14 and enter the result here. This is your federal adjusted gross income. 21 Interest and municipal fund dividends state, county, or municipal	2850 19 301845 20	
19 Add lines 15 through 18 and enter the result here. This is your total adjustments to income. 20 Subtract line 19 from line 14 and enter the result here. This is your federal adjusted gross income. 21 Interest and municipal fund dividends state, county, or municipal bonds from other states. 4495	2850 19 301845 20	
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19 Add lines 15 through 18 and enter the result here. This is your total adjustments to income. 20 Subtract line 19 from line 14 and enter the result here. This is your federal adjusted gross income. 21 Interest and municipal fund dividends state, county, or municipal bonds from other states. 22 Taxable federal refund. 23 Addition to federal taxable social security/railroad retirement 24 Medical care savings account nonqualified withdrawal. 25 Add lines 21 through 24 and enter the result here. This is your Montana additions to federal adjusted gross income. 26 Exempt interest and dividends from federal bonds, notes, and obligations.	2850 19 301845 20 1 2 3 4 5795 25	0
19 Add lines 15 through 18 and enter the result here. This is your total adjustments to income. 20 Subtract line 19 from line 14 and enter the result here. This is your federal adjusted gross income. 21 Interest and municipal fund dividends state, county, or municipal bonds from other states. 22 Taxable federal refund. 23 Addition to federal taxable social security/railroad retirement 24 Medical care savings account nonqualified withdrawal	2850 19 301845 20 1 2 3 4 5795 25	0
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19 Add lines 15 through 18 and enter the result here. This is your total adjustments to income. 20 Subtract line 19 from line 14 and enter the result here. This is your federal adjusted gross income. 21 Interest and municipal fund dividends state, county, or municipal bonds from other states	2850 19 301845 20 1 2 3 4 5795 25 6 7 8 9 0 1 2 3	5
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Forn	1 2M	l, Page 2 -	- 2006 S	Social Security N	Number:40	0-00-	6837					
	36	Montana	adiusted	gross income	from line 35						304640	36
		Deduction		9.000000				Check o				
ne			indard De	duction:				(A)				
ğ					Form 2M. So	chedu		(B)	38646	37		
Taxable Income	38						re	(-)			265994	38
<u>o</u>							one exemption)				
ab							ne 5d and enter					
<u>s</u>			-		•				3960	39		
_	40	Subtract	line 39 fro	om line 38 and	d enter the re	sult h	nere. If zero or le	ess, enter	zero. This is yo	ur		
											262034	40
							ter zero			41		•
×	42	1% capit	al gains ta	ax credit						42		
Тах	43	Subtract	line 42 fro	om 41 and ent	er the result	here.	If zero or less,	enter zer	o. This is your			
		resident	tax after	capital gains	tax credit						17616	43
	44	Nonrefur	ndable sin	gle-year credi	ts from Form	2M,	Schedule II, line	5	300	44		
Credits							hedule II line 6.			45		
eq	46	Add lines	s 44 and 4	45 and enter th	ne result here	. Th	is is your total	nonrefu	ndable credits		300	46
ပ်	47	Subtract	line 46 fro	om line 43 and	d enter the re	sult h	nere. If zero or I	ess, ente	r zero. This is			
									<u></u>		17316	47
(48	Montana	income t	ax withheld. A	Attach federa	Forn	m(s) W-2 and 10)99		48		
nts	49	2006 est	imated ta	x payments ar	nd amounts a	pplie	m(s) W-2 and 10 d from your 200)5 return	500	49		
me	50	2006 ext	ension pa	yment from F	orm EXT-06.					50		
Payments and Offsets	51	Elderly F	lomeowne	er/Renter Cred	dit from Form	2M,	Schedule II, line	? 7		51		
<u>т</u> %	52	Add lines	s 48 throu	gh 51 and ent	er the result	here.	This is your to	tal paym	ents/offsets		500	52
							e instructions on pag			53	300	
 r							ctions on page ??)			54		
est	1									55		
ter	56						neck-off Contribu					
- E				Child abuse			End-stage renal	Sum of 56	а			
i t		_	gram	prevention	schools		disease	through				
Penalty, Interest, Contributions		56a)		56b)	56c)		56d)	56d		56		
Ψ,		Add lines	47, 53, 54	, 55 and 56 and	enter the resu	ılt her	e. This is the su	m of your	total tax, penaltie	es,		
											17621	57
Ø	58	If line 57	is more	than line 52.	enter the diff	erenc	e here. This is	the amo	unt you owe. Ma	ake		
ou Owe	3								www.mt.gov/reven			
	5		104								17121	58
∞ ح	59	If line 57	is less t	han line 52 , e	nter the diffe	rence	e here					59
T a	60	Enter the	amount	of line 59 you	want applied	to yo	here. This is y	ted taxes				60
٦ ک	. 64	Cubtroot	lings 60 f	rom lina EO an	d optor the r	ooult	hara This is w	our rofur	a d			
A o	וסו	Subilaci	111162 00 1	ioni ine 59 ai		esuit	CCT # balance Ca	our rerui	na			
DTM	-	ii you wisi	n to use all			and A	CCT # below. Se	e instructi I I I		Ŭ		
RTN	#			ACC		d tolon	phone number of pa	id proparor	savin			61
If app	plica	ble, check	appropriat	e box.	ille, address all	u telep	nione number or pa	iu preparer.			sion – Check attach a copy	
Annu	alize	d estimated	l navments	X					X		l Form 4868 to	
			ns and instr		SN, FEIN or P	ΓIN:				your	Montana exte	ension.
				with your tax pre		No	X Questions? Ca	all (406) 444	4-6900 or TDD (406)	444-2830) for hearing in	mpaired.
$\overline{\mathbf{X}}$							•	X	, ,			•
<u> </u>				. ,		•	406) 444-6957		0 1 :			
Ldoo			ature is rec				ne telephone numl		Spouse's signa is true, correct and			ate
	Tar:		But not	Multiply	t tile ii ii Oi ii i aliC	וווווווו	If Taxable	But not	Multiple	comple	.c.	
		e is Over	Over		nd Subtract	= tax		Over	by and	Subtra	ict = tax	
\$		0	\$ 2,400	1%	\$ 0		\$ 8,800	\$ 11,300	5%	\$ 220)	
\$	2,4		\$ 4,300	2%	\$ 24		\$ 11,300	\$ 14,500	6%	\$ 333		
\$	4,3		\$ 6,500	3%	\$ 67		\$ 14,500		6.9%	\$ 464	ł	
\$	6,5	00	\$ 8,800	4%	\$ 132							

Form 2M, Page 3 – 2006

Social Security Number: 400-00-6837

		Schedule I: Montana Itemized Deduct Enter on the corresponding line your itemized ded File Schedule I with your Montana Form 2M	uctions.			
	1	Medical and dental expenses		1		
nd S	2	Medical and dental expenses Enter amount from Form 2M, line 35		2		
Medical and Dental Expenses	3	Multiply line 2 by .075 (7.5%)		3		
dical a Dental xpense	4	Subtract line 3 from line 1 and enter result here but not less than zer				
		deductible medical and dental expense subject to 7.5% of Mont				4
Σ̈́	อ	Medical insurance premiums not deducted elsewhere on your return				5
	6	Long term care insurance premiums not deducted elsewhere on you				6
		Complete lines 7a through 7d reporting your total federal income to	ix payments made	e in 200	6 before	
	_	completing line 7e				
σ		Federal income tax withheld in 2006	37000	7a		
aj		Federal estimated tax payments paid in 2006		7b		
Taxes You Paid		2005 federal income taxes paid in 2006		7c		
۶		Other back year federal income taxes paid in 2006		7d		
Ś	7e	Add lines 7a through 7d and enter result here, but not more than \$5				
X		filing single, or head of household, or \$10,000 if filing a joint return w	ith your spouse.		5000	
ř	_	This is your federal income tax deduction			5000	7e
		Real estate taxes paid in 2006.			2700	8
		Personal property taxes paid in 2006		•	1700	9 10
		Other deductible taxes. List type and amount:	4000		26000	11
73	11	Home mortgage interest and points reported to you on federal Form Home mortgage interest not reported to you on federal Form 1098.	If poid to the	•	20000	
est 'aic	12	person from whom you bought the house, provide name, SSN, and			600	12
E E		person from whom you bought the house, provide frame, 5514, and	auuress.		000	12
Interest You Paid	13	Points not reported to you on federal Form 1098			120	13
•		Investment interest. Attach federal Form 4952			200	14
'0		Contributions made by cash or check during 2006				15
Gifts		Contributions made other than by cash or check			700	16
G		Contribution carryover from the prior year			50	17
	18	Child and dependent care expenses. Attach Montana Form 2441M.				18
		Casualty and theft loss(es). Attach federal Form 4684			6100	19
	20	Unreimbursed employee business expenses. Attach federal				
_ sn	_	Form 2106 or 2106EZ	3950	20		
90	21	Other expenses. List type and amount:				
s a an		, , , , , , , , , , , , , , , , , , , ,	250	21		
ises and cellaneous tions	22	Add lines 20 and 21 and enter the result here	4200	22		
Job Expenses and Certain Miscellaneou Deductions		Enter the amount on Form 2M, line 35 here	304640	23		
x ≥ 5	24	Multiply line 23 by .02 (2%) and enter the result here	6093	24		
严들	25	Subtract line 24 from line 22 and enter the result here, but not less t	han zero			25
걸벌		Political contributions (limited to \$100 per taxpayer)			100	26
′ ပ	27	Other miscellaneous deductions not subject to 2% of Montana AGI.	List type			27
		and amount:				
	28	Add lines 4 through 6; 7e through 19; and 25 through 27 and enter t			43270	28
σ		If the amount on Form 2M, line 36 is more than \$150,000 your dedu				
ize		limited. Complete the itemized deduction Worksheet VI, found on pa				
딅		Form 2M instruction booklet and then continue to line 29; otherwise,	go to line 30			
프		below.	This is a			
Total Itemized Deductions	29	Enter the amount from the itemized deduction Worksheet VI, line 9.		1	4624	
P 1		amount of your non-allowed itemized deductions		· <u> </u>	4024	29
	22	Subtract line 29 from line 28 and enter the result here and on Form			38646	
	<u>30</u>	These are your allowable itemized deductions	<u> </u>	· <u> </u>		30

Social Security Number:

Schedule II: Montana Tax Credits Enter on the corresponding line your Montana tax credits.

File Schedule II with your Montana Form 2M.

1 College contribution credit. Attach Form CC..... 1 2 Energy conservation installation credit. Attach Form ENRG-C..... 2 100 3 Elderly care credit. Attach Form ECC...... 3 4 Developmental disability account contribution credit..... **200** 4 5 Add lines 1 through 4 and enter the result here and on Form 2M, line 44. These are your total nonrefundable single-year credits..... 300 5

Nonrefundable Carryover Credits

Nonrefundable credits that HAVE a carryover provision that allows you to carry forward the unused portion of your credit to future tax years.

Nonrefundable credits that are single-year credits and HAVE NO carryover provision.

6 Alternative energy systems credit. Attach Form ENRG-B. Attach Form ENRG-B and enter the amount on Form 2M, line 45. This is your total nonrefundable carryover

		6
		•

Refundable

Refundable credit that is applied against your income tax liability with any remaining balance refunded to you.

7 Elderly homeowner/renter credit. Attach Form 2EC and enter the amount on Form 2M, line 51 This is your elderly homeowner/renter credit.....

7

We have listed 6 credits that can be used when filing Montana Form 2M however the Montana legislature has authorized 27 different income tax credits. See Montana Form 2, Schedule V for a list and description of these 27 tax credits that are available. If you are eligible for any of the other credits not listed above, you will have to file Montana Form 2 instead of Form 2M.

Montana Tax Credits

There are three categories of credits available to you on your Montana individual income tax return. With the exception of the capital gains tax credit, which is required to be applied before any other credit, (refer to the instructions for Form 2M, line 42) you are not required to apply any of these 6 tax credits against your income tax liability in any particular order.

• Nonrefundable single-year credits. Your nonrefundable single-year credits can only be used to offset your 2006 resident tax

after capital gains credit and cannot reduce your tax liability below zero. The unused portion of your nonrefundable single-year credits that exceeded your 2006 income tax liability are lost and are unable to be used in future years.

- Nonrefundable carryover credit. Your nonrefundable carryover credit can be used to offset your 2006 resident tax after capital gains credit and cannot reduce your tax liability below zero. Your excess nonrefundable credit that is not applied against your 2006 income tax liability can be carried over and used to offset future year tax liabilities.
- Refundable credits. Your refundable elderly homeowner/renter credit is applied against your income tax liability with any unused credit refunded to you.

Montana Individual Income Tax Return (Long Form) 2006 Form 2 For the year Jan 1 - Dec 31, 2006 or the tax year beginning_ ,2006, ending Montana Your first name and initial Last name Deceased Your social security number Amended Return BROWN 400-00-6837 Spouse's first name and initial Last name Deceased |Spouse's social security number Check the box above if this is an amended Home address (number and street) City State Zip+4 return. 1736 Stuart Street **HELENA** MT 59601 Filing Status Single Married filing separately on separate forms. Spouse's SSN (check only Married filing jointly 3с Married filing separately and spouse not filing. Spouse's SSN. one box) 3a Married filing separately on the same form 4 Head of household Residency Status (check only one box) Date of change: State moved to: 5a X Resident full year 5b Nonresident full year Resident part-year Column A (for single, Column B (for spouse **Exemptions** joint, separate, or when filing separately head of household) using filing status 3a) 6a X Yourself..... 65 or older..... Blind...... Enter number checked 6a Blind..... Spouse..... 65 or older...... Enter number checked 6b Dependent's first name Last name Relationship Disabled SSN ROWN -00-6876 DAU ONYA 6c If additional dependents, see instructions. Add lines 6a thru 6c and enter total exemptions here. 6d Round to nearest dollar. If no entry, leave blank. Enter amounts corresponding to your federal return. 7 Wages, salaries, tips, etc. Attach federal Form(s) W-2..... 7 300000 7 8a Taxable interest. Attach federal Schedule B if required...... 700 8a b Tax-exempt interest. Do not include on line 8a. 8b A: 5000 8b 9a Ordinary dividends. Attach federal Schedule B if required..... 9a 9a b Qualified dividends...... 9b A: 10 Taxable refunds, credits, or offsets of state and local income taxes..... 10 11 Alimony received..... 11 12 Business income or (loss). Attach federal Schedule C or C-EZ NAICS: 12 12 13 Capital gain or (loss). Attach federal Schedule D if required...... 13 13 14 Other gains or (losses). Attach federal Schedule 4797..... 14 14 15a IRA distributions...... 15a. A: B: Taxable amount... 15b 16a Pensions and annuities.. 16a. A: B: Taxable amount... 16b 17 Rental real estate, royalties, partnerships, S. corporations, trust. Attach federal Sch. E..... 17 18 Farm income or (loss). Attach federal Schedule F..... 18 19 Unemployment compensation..... 19 20a Social security benefits 20a. A: 4700 Taxable amount... 20b 3995 20b 21 Other income. List type and amount. 21 22 Add the amounts in the far right columns for lines 7 thru 21. This is your total income..... 304695 22 23 Archer MSA deduction. Attach federal Form 8853..... 23 24 Certain business expenses or reservist, etc. Attach Schedule 2106 or 2106EZ.... 24 25 Health savings account deduction. Attach federal Form 8889..... 25 26 Moving expenses. Attach federal Form 3903..... 26 27 One-half of self-employment tax. Attach federal Schedule SE...... 27 28 Self-employed SEP, SIMPLE, and qualified plans..... 28 29 Self-employed health insurance deduction..... 29 30 Penalty on early withdrawal of savings..... 850 30 31a Alimony paid....... 31b. Recipient's SSN. A: 31a 2000 32 IRA deduction..... 32 33 Student loan interest deduction..... 33 34 Jury duty pay you gave to your employer..... 34 35 Domestic production activities deduction. Attach federal Form 8903...... 35 **36** Add lines 23 through 31a and 32 through 35 and enter the result here..... 2850 36 37 Subtract line 36 from line 22 and enter result here..... 37 37a Combine amounts on line 37 columns A and B and enter result here. This is your federal adjusted gross income. 301845 37a 38 Enter Montana additions to federal AGI from Form 2, page 3, Schedule I, line 17. Attach Form 2, page 3, Schedule I..... 5795 38 39 Enter Montana subtractions from federal AGI from Form 2, page 4, Schedule II, line 34. Attach Form 2, page 4, Schedule II..... 3000 39 40 Add lines 37 and 38, then subtract line 39. This is your Montana adjusted 304640 gross income..... 40

Form	2, F	Page 2 – 2006 Social Security Number:400-00-6837	Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
	41	Montana adjusted gross income from line 40	304640	41
		Deductions Check only one	00 10 10	
Taxable Income	42	(A) Standard Deduction (A)		
ဝ		(B) Itemized Deductions (from Form 2, Schedule III, line 32 (B) 42	38646	42
므	43	Subtract line 42 from line 41 and enter the result here	265994	43
api		Exemptions (all individuals are entitled to at least one exemption)		
aX.	44	Multiply \$1,980 by the number of exemptions on line 6d and enter result here 44	3960	44
_		Subtract line 44 from line 43 and enter the result here. If zero or less, enter		
		zero. This is your taxable income	262034	45
	46	Tax from the tax table on page 10. If line 45 is zero, enter zero	17616	46
		1% capital gains tax credit		47
	48	Subtract line 47 from line 46 and enter the result here, but not less than zero.		
Тах		This is your resident tax after capital gains tax credit	17616	48
H	48a	Non-resident, part-year resident tax after capital gains tax credit. Enter		
	40	here the amount from Form 2, Schedule IV, line 21, but not less than zero 48a		488
		Tax on lump-sum distributions. See instructions. Attach federal Form 4972 49		49
		Add lines 48 or 48a and 49 and enter the result here. This is your total tax 50		50
ts		Nonrefundable single-year credits from Form 2, Schedule V, line 13		51
Credits		Nonrefundable carryover credits from Form 2, Schedule V, line 26		52
ပ်	53	Add lines 51 and 52 and enter the result here but do not enter an amount larger than the amount on line 50. This is your total nonrefundable credits 53	300	53
	5 4			54
d s		Family education savings account recapture tax		55
Recap Taxes		Rural physician's credit recapture tax		56
ďμ		Add lines 54 through 56 and enter result here. This is your total recaptures. 57		57
	58			31
ج	50	Add lines 50 and 57 and then subtract from this total the amount on line 53	17616	
ä		and enter the result here. This is your 2006 tax liability	17010	58
Tax Liability	59	Combine the amounts on line 58 columns A and B and enter the result here. This		
	•	2006 tax liability	_	17616 59
	60	Montana income tax withheld. Attach federal Form(s) W-2 and 1099 60		60
dits		2006 estimated tax payments and amount applied from your 2005 return 61		61
and		2006 extension payments from Form EXT-06		62
ts e C		Refundable credits from Form 2, Schedule V, line 31		63
abl		Add lines 60 through 63 and enter the result here. This is your total		
Payments and Refundable Credits		payments, and refundable credits	500	64
er J	65	Combine amounts on line 64 columns A and B. This is your combined payments	s and refundable	
œ		credits		500 65
	66	Interest on underpayment of estimated taxes. (See instructions and worksheet on p		75 66
st		Late file, late pay penalties and interest. (See instructions and worksheet on page 7		100 67
ere		Other penalties. (See instructions on page 12)		130 68
声章	69	Enter in boxes 69a through 69d your Voluntary Check-off Contributions		
es, onti		Nongame wildlife		
i i i		program prevention schools disease program		
Penalties , Interest and Contribution		69a) 69b) 69c) 69d)	here	69
ц	70	Add the amounts on line 59, 66, 67, 68 and 69 and enter the result here. This is the tax population interest and contributions	ne sum of your total	17621 70
	74	tax, penalties, interest and contributions		1/021 /0
We	<i>,</i> ,	payable to MONTANA DEPARTMENT OF REVENUE or visit our website at		

Schedule I: Montana Additions to Federal Adjusted Gross Inc Enter on the corresponding line your additions to federal adjusted gross inc			
ani 22016 hatsiiink iktanat ot 200ltinnk tiiov anii noinnoozattok ant oo taro-		Column A (for single joint, separate, or	Column B (for spouse when filing separately
File Schedule I with your Montana Form 2.	,oilic.	head of household)	using filing status 3a)
Interest and mutual fund dividends from state, county, or municipal bon	nds		
from other states		4495	
Dividends not included in federal adjusted gross income	2		
Taxable federal refunds. Complete Worksheet II on page 49	3		
Other recoveries of amounts deducted in earlier years that reduced			
Montana taxable income. Complete Worksheet IX			
Addition to federal taxable social security/railroad retirement. Complete			
Worksheet VIII on page 53	5		
Additions for spouse filing joint federal return.	C -		T
6a Passive and rental income or loss adjustment			
6b Capital loss adjustment.6c IRA deduction adjustment. Complete Worksheet I on page 48	6c		
6d Student loan interest adjustment			
Sole proprietor's allocation of compensation to spouse			
Medical care savings account nonqualified withdrawals		1300	
First-time home buyer savings account nonqualified withdrawals			
Farm and ranch risk management account taxable distributions			
Addition for dependent care assistance credit adjustment			
Addition for smaller federal estate and trust taxable distributions			
Federal net operating loss carryover reported on Form 2, line 21	13		
Share of federal income taxes paid by your S. corporation	14		
Title plant depreciation and amortization	15		
Other additions. Specify:	16		
Add lines 1 through 16. Enter total here and on Form 2, line 38. This i			
your total Montana additions to federal adjusted gross income	17	5795	
Amendad Detum Decemble Con			
Amended Return Reconciliation (Use this reconciliation only when you are completing an ame	ndad r	oturn \	Round to the nearest dollar
(Ose this reconciliation only when you are completing an ame	nueu n	sturn.)	Tiouroot dollar
neck this box if you are filing this amended return to carry back a net ope	erating	loss	
Enter the amount from line 70 of the amended return here		1	
Enter your total 2006 refund(s) previously received here			
Add any previous payments not in line 65 to the amount on line 65 and ϵ			
Add lines 1 and 2, and then subtract line 3. This is your amended retu	rn und	lerpayment or	
erpayment		4	
orpaymont.	nal nan	es if necessary	
Describe your amended adjustments here. Attach addition	iai pag	oo ii riooodaary.	
	nai pagi	oo ii ricocoodiy.	
	nai pag		
	Tai pag	oo ii noooooaiy.	
	Tai pag	oo ii noooooaiy.	
	Tai pag	oo ii noocooday.	
	Tai pag	oo ii nooooodiy.	
· ·	lai pag		
· ·	iai pag	oo ii noooooday.	
· ·	iai pag	oo ii noocooday.	
· ·	iai pag	oo ii nooooodiy.	
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Form 2, Page 4 – 2006 Social Security Number: 400-00-6837

Schedule II: Montana Subtractions from Federal Adjusted Gross Income Enter on the corresponding line your subtractions from federal adjusted gross income. File Schedule II with your Montana Form 2. 1 Exempt interest and dividends from federal bonds, notes, and obligations 2 Exempt tiribal income 3 Exempt unemployment compensation 4 Exempt workers' compensation benefits 5 Exempt capital gains and dividends from small business investment companies 5 Exempt agins and dividends from small business investment companies 6 State tax refunds included in Montana Form 2, line 10 6 Recoveries of amounts deducted in earlier years that did not reduce Montana income 7 Recoveries of amounts deducted in earlier years that did not reduce Montana income on nonresident military servicepersons and spouses 9 Exempt life-insurance premiums reimbursement for National Guard and Reservist	Form 2, Page 4 – 2006 Social Security Number: 400-00-6837		_	.
2 Exempt tribal income	Enter on the corresponding line your subtractions from federal adjusted gross income		joint, separate, or	when filing separately
3 Exempt unemployment compensation	1 Exempt interest and dividends from federal bonds, notes, and obligations	1		
4 Exempt workers' compensation benefits	2 Exempt tribal income	2		
5 Exempt capital gains and dividends from small business investment companies	3 Exempt unemployment compensation	3		
5 Exempt capital gains and dividends from small business investment companies	4 Exempt workers' compensation benefits	4		
companies				
7 Recoveries of amounts deducted in earlier years that did not reduce Montana income		5		
Montana income	6 State tax refunds included in Montana Form 2, line 10	6		
Montana income	7 Recoveries of amounts deducted in earlier years that did not reduce			
9 Exempt income of nonresident military servicepersons and spouses		7		
9 Exempt income of nonresident military servicepersons and spouses				
10 Exempt life-insurance premiums reimbursement for National Guard and Reservist				
Reservist				
11 Partial pension and annuity income exemption. Report Tier II Railroad Retirement on line 23 below		10		
Retirement on line 23 below				
12 Partial interest exemption from taxpayers 65 and older		. 11		
13 Partial retirement disability income exemption for taxpayers under age 65. 14 Exemption for certain taxed tips and gratuities				
14 Exemption for certain taxed tips and gratuities1415 Exemption for certain income of child taxed to parent1516 Exemption for certain health insurance premiums taxed to employee1617 Exemption for student loan repayments taxed to health care professional1718 Exempt medical care savings account deposits and earnings183000119 Exempt first-time home buyer savings account deposits and earnings1920 Exempt family education savings account deposits and earnings20				
15 Exemption for certain income of child taxed to parent				1
16 Exemption for certain health insurance premiums taxed to employee				
17 Exemption for student loan repayments taxed to health care professional1718 Exempt medical care savings account deposits and earnings	· · · · · · · · · · · · · · · · · · ·			1
18 Exempt medical care savings account deposits and earnings	· · · · · · · · · · · · · · · · · · ·			ł
19 Exempt first-time home buyer savings account deposits and earnings1920 Exempt family education savings account deposits and earnings20	· · · · · · · · · · · · · · · · · · ·		3000	ł
20 Exempt family education savings account deposits and earnings	· · · · · · · · · · · · · · · · · · ·		3000	ł
	· · · · · · · · · · · · · · · · · · ·			ł
Z1 Exempt farm and ranch risk management account deposits	· · · · · · · · · · · · · · · · · · ·			
		21		
22 Subtraction to federal taxable social security/Tier I Railroad Retirement		22		
reported on Form 2, line 20b		22		
23 Subtraction for federal taxable Tier II Railroad Retirement benefits				
reported on Form 2, line 16b	·	23		
24 Subtractions for spouse filing joint federal return.				
24a Passive loss carryover exclusion	·			
24b IRA deduction adjustment	·			
24c Capital loss adjustment				
25 Subtraction of sole proprietor for allocation of compensation to spouse 25		25		
26 Montana net operating loss carry over from Montana Form NOL,				
Schedule B		_		
27 40% capital gain exclusion for pre-1987 installment sales		27		
28 Subtraction for business related expenses for purchasing recycled				
material 28				
29 Subtraction for sales of land to beginning farmers	29 Subtraction for sales of land to beginning farmers	. 29		
30 Subtraction for larger federal estate and trust taxable distribution	30 Subtraction for larger federal estate and trust taxable distribution	30		
31 Subtraction for wage deduction reduced by federal targeted jobs credit 31				
32 Subtraction for certain gains recognized by liquidating corporation 32				
33 Other subtractions. Specify:				
34 Add lines 1 through 33, enter total here and on Form 2, line 39. This is		-		
your total Montana subtractions from federal adjusted gross income 34	g ,	34	3000	

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	Schedule III: Montana It	temized De	eductions		Column A (for single,	Column B (for spouse	
	Enter on the corresponding line				joint, separate or head		
	File Schedule III with you				of household)	using filing status 3a)	
	Medical and dental expenses 1		B:	1			
	Enter amount from Form 2, line 40 2		B:	2			
3	Multiply line 2 by .075 (7.5%)	A:	B:	3			
4	Subtract line 3 from line 1 and enter result he						
	deductible medical and dental expense su	ıbject to 7.5%	of Montana AGI	4		4	4
5	Medical insurance premiums not deducted el	sewhere on yo	ur return	5		5	5
6	Long term care insurance premiums not dedu	ucted elsewhe	re on your return	6		6	3
	Complete lines 7a through 7d reporting you	r total federal i	ncome tax payments mad	le in	2006 before complet	ing line 7e. You	
	cannot deduct your self-employment taxes p		a through 7d.				
7a	Federal income tax withheld in 2006 7a	A:37000	B:	7a			
7b	Federal estimated tax payments paid in						
	2006	A:20000	B:	7b			
7с	2005 federal income taxes paid in 2006 7c	A:	B:	7с			
7d	Other back year federal income taxes						
	paid in 2006		B:	7d			
7e	Add lines 7a through 7d and enter result here						
	filing single, married filing separately, or head						
	return with your spouse. This is your federa				5000	7	е
	Local income taxes paid in 2006. See instruc					8	В
	Real estate taxes paid in 2006				2700	9	3
	Personal property taxes paid in 2006			10	1700	1	0
11	Other deductible taxes. List type and amount	: <u></u>		11		1	1
12	Home mortgage interest and points reported	to you on fede	ral Form 1098	12	26000	1:	2
13	Home mortgage interest not reported to you	on federal Forr	n 1098. If paid to the				
	person from whom you bought the house, pro	ovide name, S	SN, and address.	13	600	1:	3
14	Points not reported to you on federal Form 10	098		14	120	1	4
	Investment interest, Attach federal Form 495				200	1:	5
	Contributions made by cash or check during					1	
	Contributions made other than by cash or che				700	1	
	Contribution carryover from the prior year				50	1:	
	Child and dependent care expenses. Attach					1	
	Casualty and theft loss(es). Attach federal Fo				6100	2	
		IIII 4004		20	0100		U
21	Unreimbursed employee business expenses. Attach federal Form 2106 or						
	2106EZ	Δ-3950	B:	21			
22	Other expenses. List type and amount:	A.0000					
		A:250	B:	22			
22		A:4200	B:	23			
	Enter the amount on Form 2, line 40 24						
	Multiply line 24 by .02 (2%)		B: B:	24 25			
	Subtract line 25 from line 23 and enter the re			4			
				27	100	2 2	
	Political contributions (limited to \$100 per tax Other miscellaneous deductions not subject t			21	100	2	•
20	•	to 2% of Monta	ına AGI. List type	20			
	and amount:			28		2	
	Gambling losses allowed under federal law			29		2	9
30	Add lines 4 through 6; 7e through 20; and 26				40070		
	here			30	43270	3	U
	If the amount on Form 2, line 40 is more than						
	married filing separately, your deductions ma						
	deduction Worksheet VI on page 51 of the Fo		on bookiet and then				
	continue to line 31; otherwise, go to line 32 b				<u> </u>		
31	Enter the amount from the itemized deduction			٠.	4004		
_	amount of your non-allowed itemized ded			31	4624	3	1
32	Subtract line 31 from line 30 and enter the re			_	00046		
	This is the amount of your allowable itemi	zed deductio	ns	32	38646	3	2

Social Security Number:

Godal Godality Hambor.			
Schedule IV: Non-resident/Part-year Resident Tax File Schedule IV with your Montana Form 2.		Column A (for single, joint, separate, or head of household)	Column B (for spouse when filing separately using filing status 3a)
Enter on lines 1 through 15 your Montana source income that is included in Montana adjusted gross income on Form 2, lines 7 through 21 and line 38.			
1 Montana wages, salaries, tips, etc. included on Form 2, line 7	1		
2 Montana taxable interest included on Form 2, line 8a			
3 Montana ordinary dividends included on Form 2, line 9a			
4 Montana taxable refunds, credits, or offsets of state and local income taxes	•		
included on Form 2, line 10	4		
5 Montana alimony received included on Form 2, line 11			
6 Business income or (loss) included on Form 2, line 12			
7 Capital gain or (loss) included on Form 2, line 13			
8 Other gains or (losses) included on Form 2, line 14			
9 Taxable IRA distribution included on Form 2, line 15b			
10 Taxable pension and annuities included on Form 2, line 16b			
11 Rental real estate, royalties, partnerships, S. corporations, trust, etc. include			
on Form 2, line 17			
12 Farm income or (loss) included on Form 2, line 18			
13 Taxable social security benefits included on Form 2, line 20b			
14 Other income included on Form 2, line 21			
15 Montana source additions to income reported on Form 2, Schedule I			
16 Add lines 1 through 15 and enter result here. This is your Montana source			
income			
17 Add your total federal income from Form 2, line 22 and your Montana		T	T
additions to federal adjusted gross income from line 38 and enter the result			
here. (If you are a non-resident military service person and spouse, skip			
line 17 and go to line 18). This is your total income from all sources .			
Skip line 18 and go to line 19)	17		
18 Non-resident military service persons and spouses only: Add from			
Form 2, lines 22 and 38, then subtract from this sum your exempt income			
reported on Form 2, Schedule II, line 9 and enter the result here. This is			
your total income from all sources	18		
19 Divide the amount on line 16 by the amount on line 17 (line 18 if you are a			
non-resident military service person and spouse) and enter the result here.			
Carry to 4 decimal places and do not enter more than 1.0000	19		
20 Enter your resident tax after capital gains tax credit from Form 2, line 48	20		
21 Multiply the tax on line 20 by the percentage on line 19 and enter the result			
here and on Form 2, line 48a. This is your non-resident, part-year			
resident tax after capital gains tax credit	21		

How do I determine what qualifies as my Montana source income when I am a non-resident of Montana?

In general, as a non-resident of Montana your Montana source income is all the income that you receive for work that you perform in Montana, income that you receive from real or personal property that is located in Montana, and income that you receive from a business conducted in Montana.

How do I determine my Montana source income when I am a part-year resident of Montana?

As a part-year resident you are considered a resident for part of the year and a non-resident for the other part of the year.

In general, for the part of the year that you are a non-resident your Montana source income is all the income that you receive for work that you perform in Montana, income that you receive from real or personal property that is located in Montana, and income that you receive from a business conducted in Montana.

For the part of the year that you are a resident, all of your income that you receive, no matter where you earn it, is Montana source income.

Where can I find further information on what is my Montana source income?

For further information and a line by line description of what Montana source income is, refer to pages 26 through 29 of the instruction booklet for Form 2, Schedule IV.

Schedule V: Montana Tax Credits		Column B (for spouse,
Enter on the corresponding line your Montana tax credits.	joint, separate, or head of household)	when filing separately using filing status 3a)
File Schedule V with your Montana Form 2.	nead of nousehold)	using illing status 3a)
Nonrefundable credits that are single-year credits and HAVE NO carryover provision		T
1 Credit for an income tax liability paid to another state or country from Form 2, Schedules VI, line 10 or VII, line 10		1
2 College contribution credit. Attach Form CC		2
3 Qualified endowment credit. Attach Form QEC		3
4 Energy conservation installation credit. Attach Form ENRG-C	100	4
5 Alternative fuel credit. Attach Form AFCR 5		5
6 Rural physician's credit		6
7 Health insurance for uninsured Montanans credit. Attach Form HI		7
8 Elderly care credit. Attach Form ECC		8
9 Developmental disability account contribution credit	200	9
10 Recycle credit. Attach Form RCYL		10
11 Oil seed crushing and biodiesel production facility credit. Attach Form OSC 11		11
12 Biodiesel blending and storage tank credit and attach Form BBSC 12		12
13 Add lines 1 through 12 and enter result here and on Form 2, line 51. This is your		
total nonrefundable single-year credits	300	1:
Nonrefundable credits that HAVE a carryover provision		
14 Contractor's gross receipts tax credit		14
15 Geothermal systems credit. Attach Form ENRG-A		15
16 Alternative energy systems credit. Attach Form ENRG-B		10
17 Alternative energy production credit. Attach Form AEPC		17
18 Dependent care assistance credit. Attach Form DCAC		18
19 Historic property preservation credit. Attach federal Form 3468 19		19
20 Montana capital company credit		20
21 Infrastructure user's fee credit		2.
22 Empowerment zone credit		22
23 Increasing research activities credit. Attach Form RSCH		2:
24 Mineral exploration incentive credit. Attach Form MINE-CRED		24
25 Film employment production credit. Attach Form FPC. Report your credit on this		
line if you have made the one-time four year carry forward election 25		25
26 Add lines 14 through 25 and enter result here and on Form 2, line 52. This is		
your total nonrefundable carryover credits		20
Refundable credits		1
27 Elderly homeowner/renter credit. Attach Form 2EC		2
28 Film employment production credit. Attach Form FPC		28
29 Film qualified expenditure credit. Attach Form FPC		29
30 Insure Montana small business health insurance credit-Company's EIN 30		30
31 Add lines 27 through 30 and enter result here and on Form 2, line 63. This is your total refundable credits		3

MONTANA TAX CREDITS

We have listed the 27 Montana tax credits available to you under three categories. With the exception to the capital gains tax credit, which is required to be applied before any other credit, (refer to the instructions for Form 2, line 47 for the capital gains tax credit) you are not required to apply any of these 28 tax credits against your income tax liability in any particular order.

 Nonrefundable single-year credits. Your nonrefundable single-year credits can only be used to offset your 2006 resident, non-resident, or part-year resident tax after capital gains credit and cannot reduce your tax liability below zero. The unused portion of your nonrefundable single-year credits that exceeded your 2006 income tax liability are lost and are unable to be used in future years.

- Nonrefundable carryover credits. Your nonrefundable carryover credits can be used to offset your 2006 resident, non-resident, or part-year resident tax after capital gains credit and cannot reduce your tax liability below zero. Your excess nonrefundable credits that were not applied against your 2006 income tax liability can be carried over and used to offset future year tax liabilities.
- Refundable credits. Your refundable credits are applied against your income tax liability with any unused credit refunded to you.

Instructions: You may claim a credit for an income tax liability paid to another state or country by yourself, your S. corporation or your partnership. If you claim this credit for an income tax paid by your S. corporation or partnership, you will need to include as an addition to federal adjusted gross income on Form 2, Schedule I, line 16 your share of the S. corporation's or partnership's deduction for income tax paid, whether separately or non-separately stated on your federal K-1.

NEW FOR TAX YEAR 2006: You are not entitled to a Montana tax credit for taxes paid to a foreign country if you claimed these foreign taxes paid as a foreign tax credit on your federal income tax return.

- Your credit is limited to an income tax liability paid on income that is also taxed by Montana.
- Your income taxes paid include excise taxes or franchise taxes that are imposed on and measured by the net income of your S. corporation or partnership.
- This is a nonrefundable credit and cannot reduce your Montana tax liability below zero.
- This is a nonrefundable single year credit. No unused credit amount can be carried forward.
- You will need to complete a separate Schedule VI or VII for each state or country that you have paid an income tax liability to. You can not combine payments on one schedule.
- If you are a part-year resident, you have to allocate your income using Form 2, Schedule IV before completing Form 2, Schedule VII.

	Schedule VI: Credit for an Income Tax Liability Paid to Another State or Country. Full-year resident only.		Column A (for single, joint, separate, or head of household)	Column B (for spouse, when filing separately using filing status 3a)	
1	Enter your income taxable to another state or country that is included in Montana adjusted gross income on Form 2, line 40. Where applicable, this includes your share of income taxes paid that were claimed as a deduction by your S. corporation or partnership				1
2	Enter your total income from the other state or country you used in calculating your income tax paid to that state or country. Include in this total all income exempt from Montana income tax that was subject to tax in the other state or country 2	!			2
3	Enter your total Montana adjusted gross income from Form 2, line 40. Where applicable, this includes your share of income taxes paid that are claimed as a deduction by your S. corporation or partnership				3
5	Enter your total income tax liability paid to the other state or country				5
7	Divide line 1 by line 2. Enter the percentage here, but not more than 100%	' 🗀			6 7
	Divide line 1 by line 3. Enter the percentage here, but not more than 100%				8 9
	Enter here and on Form 2, Schedule V, line 1, the smaller of the amounts reported on lines 4, 7, or 9 above. This is your credit for an income tax paid to another				
	state or country	_			10
;	Schedule VII: Credit for an Income Tax Liability Paid to Another State or Country. Part-year resident only.		Column A (for single, joint, separate, or	Column B (for spouse, when filing separately	
			head of household)	using filing status 3a)	
1	Enter your income taxable to another state or country that is included in Montana source income on Form 2, Schedule IV, line 16, total Montana source income. Where applicable, this includes your share of income taxes paid that were claimed as a deduction by your S. corporation or partnership				1
	Enter your income taxable to another state or country that is included in Montana source income on Form 2, Schedule IV, line 16, total Montana source income. Where applicable, this includes your share of income taxes paid that were claimed				1 2
2	Enter your income taxable to another state or country that is included in Montana source income on Form 2, Schedule IV, line 16, total Montana source income. Where applicable, this includes your share of income taxes paid that were claimed as a deduction by your S. corporation or partnership				
2 3 4 5	Enter your income taxable to another state or country that is included in Montana source income on Form 2, Schedule IV, line 16, total Montana source income. Where applicable, this includes your share of income taxes paid that were claimed as a deduction by your S. corporation or partnership				2
2 3 4 5 6 7	Enter your income taxable to another state or country that is included in Montana source income on Form 2, Schedule IV, line 16, total Montana source income. Where applicable, this includes your share of income taxes paid that were claimed as a deduction by your S. corporation or partnership				2 3 4 5
2 3 4 5 6 7 8	Enter your income taxable to another state or country that is included in Montana source income on Form 2, Schedule IV, line 16, total Montana source income. Where applicable, this includes your share of income taxes paid that were claimed as a deduction by your S. corporation or partnership				2 3 4 5
2 3 4 5 6 7 8 9	Enter your income taxable to another state or country that is included in Montana source income on Form 2, Schedule IV, line 16, total Montana source income. Where applicable, this includes your share of income taxes paid that were claimed as a deduction by your S. corporation or partnership				2 3 4 5 7 8

Form 2, Page 9 - 2006 Social Security Number:

Schedule VIII: Reporting of Special Transactions File Schedule VIII with your Montana Form 2	Transaction
Complete Schedule VIII only if you and/or your spouse filed for federal income tax purposes any of the federal forms described below. Check the appropriate box indicating which form(s) you filed with your federal income tax return. If your answer is "yes" to one or more of these forms, you will need to attach a complete copy of your federal income tax return Form 1040.	Check "yes" if you filed any of the following forms with the Internal Revenue Service.
I filed federal Form 8264 – Application for Registration of a Tax Shelter with the Internal Revenue Service. Form 8264 is required to be filed to register a tax shelter.	1 YES
2 I filed federal Form 8271 – Investor Reporting of Tax Shelter Registration Number with the Internal Revenue Service. Form 8271 is used to report the tax shelter registration number that the Internal Revenue Service assigns to certain tax shelters required to be registered under 26 USC 6111 and to report the name and identifying number of the tax shelter.	2 YES
3 I filed federal Form 8824 – Like-Kind Exchanges with the Internal Revenue Service. NOTE: Check "yes" if your like-kind exchange includes Montana property. Non-residents do not have to report a like-kind exchange if the properties involved do not include Montana property. Form 8824 is used to report each exchange of business or investment property for property of a like kind.	3 YES
4 I filed federal Form 8865 – Return of U.S. Persons With Respect to Certain Foreign Partnerships with the Internal Revenue Service. Form 8865 is used to report the information required under 26 USC 6038 (reporting with respect to controlled foreign partnerships), section 6038B (reporting of transfers to foreign partnerships), or section 6046A (reporting of acquisitions, dispositions, and changes in foreign partnership interest).	4 YES
I am required to file federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service. Form 8886 is used to disclose information for each reportable transaction in which you participated.	5 YES
6 I filed federal Form 13656 – Notice of Election by Executive and Related Person to Participate in Announcement 2005-19 Settlement Initiative with the Internal Revenue Service. Form 13656 is an election to participate in the settlement initiative as described in Announcement 2005-19 and as contained in Internal Revenue Bulletin 2005-11 dated March 14, 2005.	6 YES
I filed federal Form 13750 – Election to Participate in Announcement 2005-80 Settlement Initiative with the Internal Revenue Service. Form 13750 is an election to participate in the settlement initiative as described in Announcement 2005-80 and as contained in Internal Revenue Bulletin 2005-46 dated November 14, 2005.	7 YES